### §440.1

facility services for individuals age 65 or older in institutions for mental diseases.

440.150 Intermediate care facility (ICF/MR) services.

440.155 Nursing facility services, other than in institutions for mental diseases.

440.160 Inpatient pyschiatric services for individuals under age 21.

440.165 Nurse-midwife services.

440.166 Nurse practitioner services.

440.167 Personal care services.

440.168 Primary care case management services.

440.169 Case management services.

440.170 Any other medical or remedial care recognized under State law and specified by the Secretary.

440.180 Home or community-based services.
440.181 Home and community-based services

for individuals age 65 or older. 440.185 Respiratory care for ventilator-dependent individuals.

## Subpart B—Requirements and Limits Applicable to All Services

440.200 Basis, purpose, and scope.

440.210 Required services for the categorically needy.

440.220 Required services for the medically needy.

440.225 Optional services.

440.230 Sufficiency of amount, duration, and scope.

440.240 Comparability of services for groups. 440.250 Limits on comparability of services.

440.255 Limited services available to certain aliens.

440.260 Methods and standards to assure quality of services.

440.270 Religious objections.

### Subpart C—Benchmark Benefit and Benchmark-Equivalent Coverage

440.300 Basis.

440.305 Scope.

440.310 Applicability.

440.315 Exempt individuals.

440.320 State plan requirements: Optional enrollment for exempt individuals.

440.325 State plan requirements: Coverage and benefits.

440.330 Benchmark health benefits coverage.

 $440.335\,$  Benchmark-equivalent health benefits coverage.

440.340 Actuarial report for benchmarkequivalent coverage.

440.345 EPSDT services requirement.

440.350 Employer-sponsored insurance health plans.

440.355 Payment of premiums.

440.360 State plan requirement for providing additional services.

440.365 Coverage of rural health clinic and federally qualified health center (FQHC) services.

## 42 CFR Ch. IV (10-1-10 Edition)

440.370 Economy and efficiency.

440.375 Comparability.

440.380 Statewideness.

440.385 Delivery of benchmark and benchmark-equivalent coverage through managed care entities.

440.390 Assurance of transportation.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45224, Sept. 29, 1978, unless otherwise noted

## **Subpart A—Definitions**

#### § 440.1 Basis and purpose.

This subpart interprets and implements the following sections of the Act:

1902(a)(70), State option to establish a nonemergency medical transportation program. 1905(a) Services included in the term

"medical assistance."
1905 (c), (d), (f) through (i), (l), and (m)
Definitions of institutions and services that
are included in the term "medical assist-

1913 "Swing-bed" services. (See §§ 447.280 and 482.66 of this chapter for related provisions on "swing-bed" services.)

1915(c) Home and community-based services listed as "medical assistance" and furnished under waivers under that section to individuals who would otherwise require the level of care furnished in a hospital, NF, or ICF/MR.

1915(d) Home and community-based services listed as "medical assistance" and furnished under waivers under that section to individuals age 65 or older who would otherwise require the level of care furnished in a NF.

[57 FR 29155, June 30, 1992, as amended at 61 FR 38398, July 24, 1996; 73 FR 77530, Dec. 19, 2008]

## § 440.2 Specific definitions; definitions of services for FFP purposes.

(a) Specific definitions.

Inpatient means a patient who has been admitted to a medical institution as an inpatient on recommendation of a physician or dentist and who—

(1) Receives room, board and professional services in the institution for a 24 hour period or longer, or

(2) Is expected by the institution to receive room, board and professional services in the institution for a 24 hour period or longer even though it later

develops that the patient dies, is discharged or is transferred to another facility and does not actually stay in the institution for 24 hours.

Outpatient means a patient of an organized medical facility, or distinct part of that facility who is expected by the facility to receive and who does receive professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the facility past midnight.

Patient means an individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward the maintenance, improvement, or protection of health, or lessening of illness, disability, or pain. (See also §435.1010 of this chapter for definitions relating to institutional care.)

(b) Definitions of services for FFP purposes. Except as limited in part 441, FFP is available in expenditures under the State plan for medical or remedial care and services as defined in this subpart.

[43 FR 45224, Sept. 29, 1978, as amended at 52 FR 47934, Dec. 17, 1987; 71 FR 39229, July 12, 2006]

### § 440.10 Inpatient hospital services, other than services in an institution for mental diseases.

- (a) Inpatient hospital services means services that—
- (1) Are ordinarily furnished in a hospital for the care and treatment of inpatients;
- (2) Are furnished under the direction of a physician or dentist; and
- (3) Are furnished in an institution that—
- (i) Is maintained primarily for the care and treatment of patients with disorders other than mental diseases;
- (ii) Is licensed or formally approved as a hospital by an officially designated authority for State standardsetting;
- (iii) Meets the requirements for participation in Medicare as a hospital; and
- (iv) Has in effect a utilization review plan, applicable to all Medicaid patients, that meets the requirements of §482.30 of this chapter, unless a waiver has been granted by the Secretary.

(b) Inpatient hospital services do not include SNF and ICF services furnished by a hospital with a swing-bed approval.

[47 FR 21050, May 17, 1982, as amended at 47 FR 31532, July 20, 1982; 51 FR 22041, June 17, 1986, 52 FR 47934, Dec. 17, 1987; 60 FR 61486, Nov. 30, 1995]

# § 440.20 Outpatient hospital services and rural health clinic services.

- (a) Outpatient hospital services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that—
  - (1) Are furnished to outpatients;
- (2) Are furnished by or under the direction of a physician or dentist; and
- (3) Are furnished by an institution that—
- (i) Is licensed or formally approved as a hospital by an officially designated authority for State standard-setting; and
- (ii) Meets the requirements for participation in Medicare as a hospital; and
- (4) May be limited by a Medicaid agency in the following manner: A Medicaid agency may exclude from the definition of "outpatient hospital services" those types of items and services that are not generally furnished by most hospitals in the State.
- (b) Rural health clinic services. If nurse practitioners or physician assistants (as defined in §481.1 of this chapter) are not prohibited by State law from furnishing primary health care, "rural health clinic services" means the following services when furnished by a rural health clinic that has been certified in accordance with part 491 of this chapter.
- (1) Services furnished by a physician within the scope of practice of his profession under State law, if the physician performs the services in the clinic or the services are furnished away from the clinic and the physician has an agreement with the clinic providing that he will be paid by it for such services.
- (2) Services furnished by a physician assistant, nurse practitioner, nurse midwife or other specialized nurse practitioner (as defined in §§405.2401 and 491.2 of this chapter) if the services are furnished in accordance with the